

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598833

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
201						
202						
203						
204						
205						
206						
207						
208						
209						
210						
211						
212						
213						
214						
215						
216						
217						
218						
219						
220						
221						
222						
223						
224						
225						
226						
227			/	/		
228			/	/		
229			/	/		
230			/	/		
231			/	/		
232			/	/		
233			/	/		
234			/	/		
235			/	/		
236			/	/		
237			/	/		
238			/	/		
239			/	/		
240			/	/		
241			/	/		
242			/	/		
243			/	/		
244			/	/		
245			/	/		
246			/	/		
247			/	/		
248			/	/		
249			/	/		
250			/	/		
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	23	←		←
TOTAL CLAIMS			24			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
251				/		
252				/		
253				/		
254				/		
255				/		
256			/	/		
257				/		
258				/		
259			/	/		
260				/		
261				/		
262			/	/		
263			/	/		
264				/		
265				/		
266			/	/		
267			/	/		
268				/		
269				/		
270				/		
271				/		
272				/		
273				/		
274				/		
275				/		
276				/		
277				/		
278				/		
279				/		
280				/		
281				/		
282				/		
283				/		
284				/		
285				/		
286				/		
287				/		
288				/		
289				/		
290				/		
291				/		
292				/		
293				/		
294				/		
295				/		
296				/		
297				/		
298				/		
299				/		
300				/		
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	12	←		←
TOTAL CLAIMS			18			